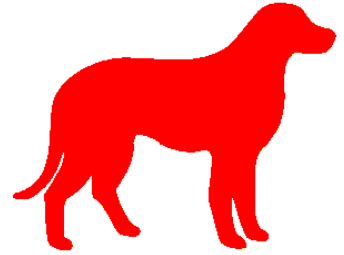


FREE COMMUNITY SPAY / NEUTER SERVICES (MALE DOGS ONLY)

**PLEASE COMPLETE ONE APPLICATION PER MALE DOG AND RETURN BY MAIL TO:
CHARLOTTEE-MECKLENBURG POLICE DEPARTMENT ANIMAL CARE AND CONTROL
C/O COMMUNITY SPAY/NEUTER SERVICES
8315 BYRUM DR, CHARLOTTE, NC 28217**



QUALIFICATIONS:

- 1) Applicant must be a resident of Mecklenburg County (No Exceptions). On the day of your pet's surgery appointment you will be required to provide your Drivers License with current address or a Photo Identification and current utility bill as proof of residency. Applications with missing information will not be processed.
- 2) This free clinic is offered monthly and sponsored by volunteer fundraisers. Please explore other low cost options if your pet's needs are urgent in nature as the length of our waiting list varies and appointments may not be immediately available. Large dogs (50 lbs and over) will have a significantly longer wait than smaller animals. Due to the large number of applications, you will only be contacted when your space becomes available and we cannot assure a return call regarding your application's status.
- 3) A complimentary (free) Rabies vaccination will be provided if your pet's vaccine is not current. If your pet's vaccination is current please attach a photo copy of the Rabies Certificate from your veterinarian. Due to the high volume of requests for service we are unable to trace Rabies tag numbers.
- 4) Surgery appointments will be limited to a maximum of three pets per address within a twelve month period. Applications received in excess of the maximum (3) will be denied (No Exceptions). We do not reschedule forgotten and/or missed appointments and they will count as one of the three allowed per household.
- 5) Use of this application is limited to family pets. Rescue personnel and caretakers of feral cats may not apply. Your pet must be in compliance with the local Animal License ordinance. If it not, compliance will be required the morning of your surgical appointment. By filling out and sending in this application, you are taking on full ownership responsibility for this animal.

Owner's Name: _____ Owner's Date of Birth: _____

Address: _____ Apt #: _____

City: _____ (NC) Zip Code: _____

Previous Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E Mail: _____

(We prefer to communicate via email to schedule your appointment, so please include your current address)

Dog's Name: _____ Dog's Color: _____ Dog's Weight: _____

Dog's birthday or estimated age: _____ (4 month minimum – 7 year old birthday maximum)

Dog's Breed: _____ (for mixes state most looks like, mix, mutt, terrier, hound are not acceptable)

If both testicles have not descended into the scrotal sac your pet may require multiple incisions, additional surgery time and extended recovery time. The Veterinarian must be informed prior to surgery. Please circle below:

YES – both testicles have descended

NO – only one testicle has descended

NO – both testicles are internal